



TRAINING FOR COMMUNITY HEALTH RESPONDERS (SESSIONS I–III)



PREPAREDNESS



RESPONSE

This tool will help you to:

- Develop your capacity to readily train and support first responders during an influenza pandemic.
- Provide rapid, coordinated, and effective responses that will minimize sickness and death, safeguard livelihoods, and maintain municipal cohesion and integrity.

Who will implement this tool:

- The *municipal leadership team* will train the trainers—who may include municipal government staff, local-level Ministry of Health staff, or representatives from nongovernmental organizations or other agencies and organizations—who will then be prepared to train community health responders and volunteers.

First responders include a wide variety of community representatives, staff, and volunteers who will provide critical information, care, and leadership to community members during the pandemic influenza crisis.

OVERVIEW

This training and planning package was created to help municipalities in each country become prepared for a pandemic influenza outbreak. Then, when an *influenza pandemic* starts sweeping around the world, each country will be ready to respond rapidly. This package is designed to be customized for the needs of your municipality before a pandemic breaks out, and then put into action as soon as a pandemic begins to move around the world. The information contained here will enable all municipalities in the country to equip themselves with the information and planning tools that history has shown can save many lives.

WHO WILL PROVIDE THIS TRAINING?

The trainers and planners will be different in different countries and municipalities—they may be municipal staff; local- or district-level Ministry of Health staff; or representatives from national Red Cross and Red Crescent societies, nongovernmental organizations, or other agencies or organizations.


WHEN SHOULD WE USE THIS PACKAGE?

Pandemic influenza programming consists of two major components: *preparedness* and *response*. During the preparedness phase, each country and each municipality readies itself to deal with the complex emergency of a widespread, severe influenza outbreak. The response phase is what happens during the pandemic outbreak, which may include as many as three *waves* of illness.

Each country will develop a preparedness plan according to its own context and resources. Preparedness refers to the readiness to predict, prevent, lessen, respond to, and cope with the effects of the disaster. This package provides key tools that need to be adapted to each setting and put into place (with materials adapted, roles and responsibilities assigned, and actions and policies planned), ready for the response phase. Good preparedness means creating a system that can be easily put into action whether the influenza pandemic happens in 1 year or in 10 years.

As with other emergencies, the general population will not be fully mobilized until *post-trigger*, that is, until an influenza pandemic has been identified and is spreading around the world. This is the response phase. Pandemic outreach to the general public may include sensitization, raising awareness, and some training—much of which can be used for general *infection control*, community healthcare, and/or during other disasters.

Pandemic Influenza Health Programming Timeline

<p>Preparedness Stage:</p> <p>Getting Ready (now)</p>	 <p>World Health Organization announcement of sustained human-to-human transmission of a new influenza virus anywhere in the world triggers rollout response in every country</p>	<p>Local Response Stage:</p> <p>Handling the Crisis</p> <p>(pandemic influenza is in your community or a nearby community)</p>
<p>Adapt this curriculum</p> <p>Create training plan</p> <p>Train trainers</p> <p style="text-align: center;">↓</p> <p><i>Maintain until trigger</i></p>	<p>Train community representatives, leaders, community health responders, and others</p>	<p>Ongoing training</p> <p>Adapt training as needed</p> <p>Follow-up and supervision</p> <p>Disseminate regularly updated information and guidance</p>
<p>Create community-level planning structures and plans</p> <p style="text-align: center;">↓</p> <p><i>Maintain until trigger</i></p>	<p>Begin implementing community-level plan by conducting community training</p>	<p>Continued plan implementation</p> <p>Monitoring and evaluation</p> <p>Update structures and plans as needed</p>

WHAT DOES A COMMUNITY HEALTH RESPONDER DO DURING AN INFLUENZA OUTBREAK?

- Educates to prevent spread of influenza and other illnesses
- Cares for those sick with influenza
- Cares for those sick with other illnesses
- Brings trusted and accurate news: influenza information, closures, government updates and recommendations
- Links sick or needy people to the health system, community care and government through referrals, care, reports
- Collects information, stories and messages from the community to share with health system, leaders, data collectors

WHO WILL RECEIVE THE TRAININGS?

Trainees will include community health responders, community volunteers, and community representatives.

WHAT IS A COMMUNITY HEALTH RESPONDER?

A community health responder is a person who will provide healthcare and education at the community level during a local outbreak. A community health responder may be a trained health worker, a community volunteer, or someone else.

The people who will take on the role of community health responder will differ among communities, depending on the volunteer and health programs that already exist. Their roles and responsibilities will change depending on whether they work in cities, slums, villages, the countryside, big countries or small, and depending on local systems for healthcare, water, food, electricity, police, and more.

WHAT IS A COMMUNITY REPRESENTATIVE?

Community representatives and volunteers are leaders and members of the community who will educate and inform the people in the community, and represent their needs to higher authorities, if necessary. They may also help make plans for how to handle problems and complications resulting from the pandemic.

ADAPTATION

HOW DO WE ADAPT THE TRAINING SESSIONS, MESSAGES, AND EDUCATIONAL MATERIALS FOR LOCAL USE?

Make the materials and activities understandable to the trainees—whatever it takes. This may mean translating the materials into one or more local languages, adapting the appearance of materials, or changing the words or drawings so that community health responders and community members understand them correctly. Keep materials as clear and simple as possible. Field-test all materials on representatives of the actual people who would use them before making the final version.

WHAT PARTS OF THIS PACKAGE NEED TO BE ADAPTED TO THE SETTING IN WHICH THEY WILL BE USED?

- **Every training session includes special guidance for what needs to be adapted.** Give yourself time to prepare the session following that guidance.
- **You need to know what phase the spread of the influenza is in at the time of the trainings and planning exercises.** Perhaps now pandemic influenza has not yet broken out. Maybe pandemic influenza has broken out in another part of the world and could arrive soon. Or maybe it is spreading in your country. Find out what the World Health Organization or other authorities currently are reporting about this. You will need this important information for every session.
- If needed, all materials should be **translated and presented in the local language(s)**. Finding the right translator is very important to be sure that materials are translated properly. Translators should be carefully chosen: the best translators aim for translation of ideas and concepts—not just a word-for-word translation. Use common, simple words, and culturally understandable terms and ideas. A *style sheet*—which specifies consistent language, terminology, and the style to use throughout the materials—should be developed. Short, clear sentences that are sensitive to issues of culture, gender, and age are best.
- **If community members cannot read well or at all**, activities can be adapted using pictures, symbols, maps, spoken word, songs, poems, drama, storytelling, creative memory aids like acronyms (where each letter of a simple word stands for something), and other techniques. All adaptations must be carefully tested on the target population—for example, some people are even picture-illiterate, meaning that they have not learned to recognize pictures. If you have access to the internet, this publication from the United States Government may be helpful: *Clear & Simple: Developing Effective Print Materials for Low-Literate Readers*. (Available electronically at <http://www.nci.nih.gov/cancerinformation/clearandsimple>)
- **Be creative!** Look for chances to make the materials as familiar and memorable as possible. For example, the training materials suggest singing a short song when handwashing to be sure to wash one's hands each time for 15 seconds. We have suggested the song "Happy Birthday," because it is the most common song in the world. However, the trainers and/or trainees may enjoy choosing a local song, and even changing the words of that song to create a handwashing song—just be sure that the length is about 15 seconds.



Adapting Printed Materials: Brochures, Posters, etc.

- **Adapting the educational handouts is an important task.** Perhaps they will be useful as they are presented here. Or they may need to be adapted. They should be as clear and basic as possible, using local language, terms, ideas, resources, and referrals. Drawings should be easy to understand and appropriate.
- **Test all materials** out on local people before making the final version. Do they understand the content? Can they explain it properly? If not, figure out how to make it better.

Checklist: Ensuring Good-Quality Materials	
Are the messages: Accurate? Consistent? Clear? Meaningful to the audience?	Are sources trusted and believable? Are the messages and materials: Appealing? Sensitive to gender differences? Accessible to all groups?

WHAT TECHNICAL INFORMATION IN THIS PACKAGE MIGHT CHANGE?

All materials in this tool are based on the latest information from the World Health Organization; the United States Agency for International Development, the Centers for Disease Control and Prevention, and other United States agencies; and the expertise of global health organizations, including the International Federation of Red Cross and Red Crescent Societies and the Johns Hopkins Bloomberg School of Public Health.

Because each influenza outbreak is different, technical guidance and recommendations may change when pandemic influenza emerges. For example, we will know more about: which people are at highest risk of serious illness or death (most likely infants, the elderly, and people with ongoing medical conditions); how long a sick person is likely to be contagious; and the most effective medications (including antibiotics) and treatments. As in all emergencies, rumors and misinformation will spread rapidly. For this reason, users of this package must identify a source of credible information for updates, possibly within the Ministry of Health or the World Health Organization. All changes and updates to these materials must be based on extremely reliable, high-level sources. All changes should be consistent with national guidelines and policies.

TRAINING TIPS

DO NOT GATHER PEOPLE TOGETHER DURING A LOCAL OUTBREAK

When group gatherings are not possible, find other ways to train people and spread information—via telephone and text messages, radio, printed materials posted and distributed, or whatever works best in your community.

Use the time before, between, and after outbreaks for group trainings—following the advice of experts as to when it is safe to gather. During those gatherings, whenever possible meet outside and spread out. Participants may wear *face masks*.



Tell me, I will forget,
Show me, I will remember,
Involve me, I will learn.

– Native American Proverb

SURROUNDINGS

Create a comfortable learning environment—one with plenty of space (but in which everyone can hear the speakers), comfortable seating, and a comfortable temperature.

Break regularly and, if possible, provide food.

LEARNING ATMOSPHERE

Set a friendly tone that encourages learning—open, relaxed, and caring.

Encourage learners to ask questions, hold active discussions, and fully participate.

Be sure the training is right for the literacy level, learning level, and language of the trainees.

TEACHING TECHNIQUES

People learn best through a variety of techniques—use words, pictures, songs, demonstrations, drama, stories, parables, and interactive activities. Appeal to all of the senses.

People learn less when they sit silently, listening to someone talking. They need to practice with the content. Lectures do not ensure that learners really understand, do not imprint the memory well, and can be boring.

As often as possible, give participants a chance to practice using the material, using techniques like small group work, teach-back, role-playing, and more.

MEASURE TO SEE IF IT IS WORKING

Use pre- and post-training tests to measure success. If participants are not learning what you are trying to teach, ask them for ideas about what is wrong and how to improve. Get expert help too. Change the curriculum to make it work.

SESSION I:

WHAT IS PANDEMIC INFLUENZA?

SESSION 1: WHAT IS PANDEMIC INFLUENZA?

WHAT IS THE PURPOSE OF THIS TRAINING SESSION?

This session will be used by municipal-level trainers to provide trainees with a basic introduction to pandemic influenza terminology and key concepts.

LEARNING OBJECTIVES

At the end of this session, trainees should be able to:

- Define pandemic influenza, and how it is different from avian influenza.
- Describe how pandemic influenza spreads from person to person.
- List the major symptoms of pandemic influenza.
- Outline basic influenza home treatment guidance.
- Explain what we have learned from past influenza pandemics.

TRAINING METHODS

Methods to be used in this session include a card-sorting activity, presentation and discussion, and post-training test.

SUGGESTED TIME TO CONDUCT TRAINING SESSION

This session should require 60–75 minutes.

WHAT NEEDS TO BE LOCALLY ADAPTED

See the Introduction for guidance on local adaptation, including more on the points below.

- You need to know the current state of the pandemic in the world.
- The handouts should be adapted for local use.
- If your participants cannot read and write well or at all or do not understand the language in which the materials are provided, see the adaptation section for guidance on translating and adapting materials.

SUPPLIES AND PREPARATION NEEDED

- *Pre-training test:* One copy of the pre-training test form (Handout 1.A) for you to fill out.
- *Card sorting:* Fill out individual cards (Handout 1.B), with one card for each title or question, and one card for each answer. Tape and wall space are needed for hanging the cards. Hang the title cards around the room before beginning the training session.
- *Blank cards* on which participants may write questions. For an audience without strong reading and writing skills, you may also need illustrations.
- *Presentation:* Your prepared presentation, using content from Handout 1.C and slides provided in Tool 2, *Presentation on the Threat of a Severe Influenza Pandemic*.

- *Post-training tests:* A copy of the test (Handout 1.D) and one pencil or pen for each participant. They will need a surface to write on. If these supplies are not available, see alternate instructions.
- *Summary:* A summary of the important information from this session, designed so that local people can understand it well.

OPENING

(10–15 minutes)

1. *Welcome.* Greet participants in a friendly way. (People learn better when they feel comfortable.)
2. *What to expect.* Tell participants the title, objectives, and length of the entire training session and the title and length of this topic.
3. *Introduce yourself.* Include information about your work and why you are here.
4. *Learning well together.*
 - Ask participants to introduce themselves. Ask participants to briefly mention if they have experience with disaster preparedness, or with community healthcare (i.e., when workers or volunteers provide health education or care in people’s homes or other community locations). If the group is large, divide the participants into small groups and give them 5–10 minutes to introduce themselves within their groups. Another option is to have them say who they are and how they would like to be addressed.
 - Ask participants to offer ideas for a list of rules of behavior for everyone to follow during this and subsequent training sessions (for example: one person talks at a time, turn off telephones, cover coughs and sneezes, and so on).
 - Ask participants to be active learners and to ask questions.
5. *Basic needs.* Tell participants where the restroom/toilet is, and other basic information.

PRE-TRAINING TEST: WHAT DO WE ALREADY KNOW ABOUT PANDEMIC INFLUENZA?

(10 minutes)

Opening.

Tell participants:

Some of you may already be familiar with what pandemic influenza is and what to expect when it arrives and people start getting sick.

However, many people have not yet learned about this dangerous hazard—which is why we are here!

Let’s take a moment and find out what you might already know. Please raise your hand if you are sure you know the answer to each question I ask. Keep your hand up until you have been counted. If you do not know the answer, do not raise your hand.

Ask participants each question on the pre-training test form (see Handout 1.A), and fill out the form as directed. (Later, you will compare this to the post-training test scores.)

CARD SORTING: LEARNING ABOUT PANDEMIC INFLUENZA

(10 minutes)

1. Post the following titles on walls around the room, with space to post the answer cards next to or below each title.

What is a “pandemic”?
What is “avian influenza”?
What is “pandemic influenza”?
What does “post-trigger” mean?
What is the meaning of “virus”?
Symptoms of influenza
Transmission (how pandemic influenza spreads)
Treatment (home care—because hospitals will be too full)
History tells us that...
Questions about birds
What are your questions?

2. Pass out the cards with the “answers” written on them to the participants. (See Handout 1.B for guidance on what you should write on the answer cards.) Ask everyone to read the titles and do their best to post their cards under the appropriate heading. Hand out tape. Provide blank cards on which participants may write questions to post under the last category.

Another option, useful if the group is large: ask participants to discuss first in small groups what they think the answers are. Then hand out the cards with the “correct answers” and have them post the cards correctly.

If the participants do not read well, you can lead the activity by reading each card out loud and asking the group for guidance. If this is the case, you may want to include simple, clear drawings or symbols on the cards.

Review the outcome with the group, card by card. Ask them if they think each card is in the right place. If some cards are in the wrong place, talk with the group about where they should go.

PRESENTATION AND DISCUSSION

(15–20 minutes)

1. *Opening.* Tell the group that you are going to give them more details about pandemic influenza. If your schedule is tight, ask them to save questions for the end. Later, in the next training session, the group will learn the best techniques for slowing the spread of pandemic influenza.
2. *Presentation.* Depending on your supplies, you may want to create flipcharts, a computer presentation, or use a chalkboard to write the main points in a few words that people can read while they listen to you. If you use written words and pictures while talking, participants will better understand and remember the information. See Handout 1.C and Tool 2, *Presentation on the Threat of a Severe Influenza Pandemic* for information about pandemic influenza, and for sample computer slides; this information and slides can also be used as flipchart pages or chalkboard notes.
3. *Question-and-answer period.* Encourage participants to ask questions and discuss what they have learned in this session.

POST-TRAINING TEST

(15 minutes)

1. *Opening.* Tell the group it is time for a test. The purpose of the test is to be sure that this training has been successful in helping participants understand pandemic influenza. Because this information has the power to help communities and people who get sick, we must be sure that each participant understands what we have covered.

Tell them you will hand out the test, and ask everyone to work alone to fill it in. The participants will have 10 minutes to complete the test. Then you will collect the tests, and review all of the answers.

After the training, you will correct the test, and follow up if needed. Tell participants that if they feel they have not done well on the test, and would like more help, they should seek help with the trainer or from other participants.

If you are working with people who are not comfortable with reading and writing, you can give this test by asking for a show of hands or by asking participants to vote on each answer with stones or other small objects (e.g., beads, paperclips, or goat pellets).

2. *Give the test, collect it (for correcting later), and review all of the answers with participants.* Ask participants to supply answers. If someone gives an incorrect answer, ask the group for help. Give as many people as possible a chance to talk. Stay away from terms like *right* and *wrong*. An environment in which every participant feels *safe* is very important.
3. *Session closing.* Give a short summary of what has happened, and what comes next. Thank participants for coming.

SESSION II:

SPREADING THE WORD: PREVENTIVE MESSAGES ABOUT INFLUENZA

SESSION II: SPREADING THE WORD: PREVENTIVE MESSAGES ABOUT INFLUENZA

WHAT IS THE PURPOSE OF THIS TRAINING SESSION?

This session will be used by municipal-level trainers to teach community representatives (including community health responders) the four flu-fighting behaviors and how to mobilize the community to use them.

LEARNING OBJECTIVES

At the end of this session, community representatives should be able to:

- List the four most important behaviors for preventing the spread of pandemic influenza.
- Describe the key actions that make up each behavior.
- Describe the value and use of masks during an outbreak.
- Describe a community communication plan to reach all members of the community, including those who are often forgotten or ignored.
- List the members of a committee that will oversee the plan and outline the committee's responsibilities and timeline.
- Explain how to provide feedback from the community and other critical information to the committee on a regular basis.

WHAT NEEDS TO BE LOCALLY ADAPTED

To learn how to adapt this session to the needs of your municipality, refer to the adaptation section of this tool.

WHEN TRAINEES SHOULD RECEIVE THIS TRAINING

The timing of the training of the municipal-level trainers and then the community representatives will be different in each location, depending on funding, availability of staff and volunteers, and other factors. The timing specified in the table, "Pandemic Influenza Health Programming Timeline" (see overview section) is only a suggestion. *Actual timing decisions should be made in consultation with municipal and national authorities.*

TRAINING METHODS

Methods to be used in this session include pre-training and post-training tests; charades; teach-back; mapping; brainstorming; and discussions among small groups, pairs, or the whole group.

SUGGESTED TIME TO CONDUCT COMPLETE TRAINING SESSION

This session should require about six hours to complete (in addition to time for breaks and meals).

SUPPLIES AND PREPARATION NEEDED

- Chalkboard or flipchart paper and pens to document every activity if possible and to record thoughts during brainstorming.



- *Pre-training test.* One copy of the pre-training test form (Handout 2.A) to read out loud and on which to record answers.
- *Charades.* Before the charades session, you will need to select actors for the opening charade and develop and rehearse the “play” with them.
- *Teach-back.* Separate the boxes in Handout 2.B into individual handouts, with each flu-fighting behavior on one page.
- *Mapping.*
 - Either paper and pencils for each participant, if they will make their own maps, or one flipchart page or other large piece of paper to post on the wall. A chalkboard could also work, or a map can be made in the dirt using sticks, stones, and other items. Or, if you have an actual map, you can post it and write on it.
 - Statistics about the population would be helpful, but are not required.
- *Community plan.* Paper or chalkboard to document the plan.
- *Post-training test.* A copy for each participant (Handout 2.C), if they have reading and writing skills, and one pencil or pen for each participant and a surface to write on. If these supplies are not available, or if the participants do not have reading and writing skills, conduct a spoken test like the pre-training test.

OPENING

(5 minutes)

1. *Welcome participants.* Set a friendly and personal tone.
2. *Describe what participants should expect.* Tell participants what the topic and learning objectives are and how long this session will be.
3. *Encourage participation.* Remind participants of the group rules that were created in Session 1 and encourage them to ask questions and to be active; they will be learning more life-saving information and need to understand it well.

PRE-TRAINING TEST: COMMUNITY PREVENTION OF PANDEMIC INFLUENZA

(20 minutes)

Opening. Tell participants:

- Some of you may already be familiar with the prevention of pandemic influenza.
- However, many people probably are not—which is why we are here!
- Also, your community may already have an emergency communication plan—or it may not.
- Let’s take a moment and find out what you might already know. Please raise your hand if you are sure you know the answer to each question I ask. Keep your hand up until you have been counted. If you do not know the answer, do not raise your hand.

Ask participants each question on the pre-training test form (see Handout 2.A), and fill out the form as directed. (Later you will compare this to the post-training test scores. This will help you understand how well the training has worked, and what follow-up will be needed.)

CHARADES: INTRODUCING THE FOUR FLU FIGHTERS

(20 minutes)

1. *Preparation.* Before the session, work with several volunteer actors to devise a short play (a few minutes long) in which they do not speak, but act out all of the behaviors.

For example, Person A, carrying a package, is walking down the street and stops to talk to Person B—staying at least one meter away. Then Person A sneezes, covering his or her face with the crook of the arm. Person A arrives at a house and knocks on the door. To the side—inside a (pretend) house—is Person C, who is sick in bed. That person is coughing into a tissue, which he or she then puts into a trash bag. Person D, the caretaker, leaves the room to answer the door. Person D greets Person A outside, keeping two meters between them. They each take a turn to wash their hands for 20 seconds at an outside tap. Person A puts the package by the door. Person D thanks Person A, always remaining two meters away. Person D takes the package inside to Person C, the sick person.

2. *Opening.* Tell participants that scientists have studied the way viruses spread, and have discovered that there are four behaviors that are the most powerful ways to slow down the spread of the pandemic influenza virus. As we have learned, pandemic influenza spreads when the influenza virus moves from one person to another in two ways. The first is through the air. The second occurs when a person touches a surface (or another person) that has the virus on it. The person then touches his or her eyes, nose, or mouth and the virus enters the body.
3. *The charade.* Now inform participants that they are going to see a play in which the actors will not talk. The people in the play will be acting out the four key flu fighters. Ask participants to watch closely and see if they can spot all four flu-fighting actions.
4. *Discussion.* Lead a short discussion about what the group thinks the four behaviors are. Once they have been identified, tell the participants that they will learn all of the important details about each flu-fighting behavior.

TEACH-BACK: LEARNING ABOUT THE FOUR FLU FIGHTERS

(1 hour and 15 minutes)

1. *Opening brainstorm.* Tell participants that now that we know what the four flu-fighting actions are, we need to think about what might stop people from using them. Sometimes everyday life gets in the way of using new behaviors. For example, people may not have a handwashing station set up at their homes. Or they may feel that they are being rude if they “keep their distance.” If we can imagine what will stop them, we can offer suggestions for success. Let’s brainstorm a list of these possible problems. We’ll use the list in the next activity. Make a list of reasons why people might not use each behavior.
2. *Small group work.* Divide your participants into four small groups (or eight groups if you have many participants). Give each group a handout about one of the four flu fighters (one of the first four boxes of Handout 2.B for each group) and tell them that they have 15 minutes to study and discuss the handout and come up with an interesting, useful way to teach that topic to a group in the community,

THE FOUR FLU FIGHTERS:

Keep Your Distance

Wash Your Hands

Cover Coughs and Sneezes

Separate the Sick

such as students in a school or people at the market, at a traditional assembly, or during a family gathering. Methods may include songs, plays, discussions, ways to get audience members involved, the use of props, storytelling, or anything else. Ask each group to offer solutions to some of the problems listed in the previous activity.

3. *Teach-back.* Call the whole group together, and ask each of the smaller groups to teach its topic to the larger group using the method that they developed. Ask the audience to pretend that they are community members. They can ask questions and list the problems from the last activity and ask the presenters what to do about them. (If more than one group has been assigned to each topic, ask one of these groups to teach the larger group; afterwards, the other group that addressed that topic can explain how its approach was similar or different.)
4. *Discussion.* Give the larger group a chance to ask questions and discuss the method after each presentation. Did they learn the topic? Do they think the method is a good way to communicate? Be prepared to help explain each topic. Be sure all information given is correct and includes all main points.
5. *Linking with ongoing activities.* Ask the group if any community health or disaster preparedness activities already take place in their communities. How might they connect their prevention work with those activities?
6. *A word about masks.* Summarize the content of the last box in Handout 2.B, which addresses the issue of masks.

MAPPING: WHO DO WE NEED TO REACH; WHERE CAN WE FIND THEM?

(1 hour)

Opening. Tell participants that we now know *what* the important prevention messages are, and we will now plan for *who* we need to reach and *where* to find them. You can help participants follow along by writing the following on a flipchart or chalkboard:

What are the messages?

Who should receive them?

Where can we find those people?

How?

1. *Mapping: Who is in the community?* (40 minutes) Tell participants that everywhere in the world, groups of people are forgotten or ignored. These often include women and girls, low-income people, and individuals identified as minorities who may look different, speak a different language, practice a different religion, live in hard-to-reach areas (slums or rural areas), or belong to a smaller ethnic group.

Work with the group to create a map of the community (or communities) represented by the participants. If participants are all from one community, the group can work together to create one big map. Ask them to include the following on their map(s): main roads, healthcare sites, churches, schools, neighborhoods, community centers, markets, bus and train stations, shops, public buildings, laundry sites, public water locations, police stations, the “outskirts” or rural areas, slums, places where people work, and whatever else they can think of.

If influenza has broken out in your area, do not use any communication method that gathers people together because that can spread the virus. However, when no local outbreak has occurred (before the influenza arrives, or between outbreaks), these kinds of activities are possible. No matter the timing, meet outside whenever possible, with people spread out and instructed to cover their coughs and sneezes.

2. *Make a list.* (20 minutes) Once the maps are complete, use the maps for guidance to lead the group in creating a list of the different subgroups of people, considering age, religion, language, job, wage (pay) levels, and more. Point to different places on the map and ask who lives, works, or passes through the main sites. Use the map to check that all groups are included on the list, and use the list to check that the map includes representation of all groups (e.g., by including their churches, gathering places, neighborhoods, and so on).

Mark the map or make a note on the list to show the best places for reaching each group. For example, in some communities, a good place to reach women is at the place where they gather to do laundry. Slum dwellers may gather at a central athletic field. Students will be in schools. Workers may walk along a main road. Out-of-school youth may gather at a village center. Certain radio programs may be popular with nearly everyone. Use any statistics you have to help add to the picture.

BRAINSTORMING: MAKING A COMMUNITY COMMUNICATION PLAN

(1 hour 15 minutes)

1. *Opening.* Tell participants that you have talked about *who* needs to learn about prevention and *where* they live, work, and gather. Now you will discuss *how* to get the prevention messages to everyone. Different people get their information from different places. Students learn in school. Out-of-school youth may look up to popular singers. Some adults learn by reading the newspaper or listening to the radio. Many people look to traditional leaders and healers for guidance. Nearly everyone learns from talking to friends, coworkers, neighbors, and family members every day.

- | | |
|--|-------------------------------------|
| What are the messages? | <input checked="" type="checkbox"/> |
| Who should receive them? | <input checked="" type="checkbox"/> |
| Where can we find those people? | <input checked="" type="checkbox"/> |
| How can we reach them? | |

These are all part of *three kinds of communication channels*: community, interpersonal (between individual people), and mass media (television, radio, newspapers, magazines, and text messages). Although interpersonal is the most powerful channel, mass media reaches the greatest number of people in the shortest time. Community channels share both advantages. It's best to use a mix of channels, because scientists have learned that people will change their behavior if they receive messages that are *clear, simple, believable, acceptable, up-to-date, and continuous*. These messages should come from a variety of trusted sources.

2. *Brainstorming.* Divide participants into small groups. Ask them to work for 25 minutes to come up with three creative, realistic ideas for each communication channel (community, interpersonal, and mass media) to include in a community communication plan. Encourage them to link to any ongoing health or disaster preparedness activities.



Remind participants that the point of these activities is to help community members adopt the four flu-fighting behaviors. With each idea, ask them to note who would be the best person, group, or organization to complete that task. The plan should describe an ongoing effort that will take place during the waves of pandemic influenza. Because these waves may occur over several years, this plan will be a life-saving effort for a long time.

To get the participants started, share the following examples with them:

COMMUNITY-BASED CHANNELS

Community mobilization and outreach activities. Examples: Posters and billboards, local radio, street theater, puppet shows, presentations (may be videotaped), talent shows, and art contests or via existing community networks (grandmother clubs, age-mates, hobbyists), peer support, or workplace efforts.

INTERPERSONAL CHANNELS

This channel results from interactions between people who already know each other: friends, family, teachers, students, and healthcare providers and volunteers—including informal discussions, telephone hotlines, and client counseling.

MASS MEDIA CHANNELS

Print—newspaper, magazine, direct mail, comic books and photonovelas, pamphlets, fliers, posters, and billboards.

Broadcast—television and radio using public service announcements, call-in shows, dramas and comedies, variety shows, music videos, songs and jingles, and celebrity endorsements.

Information/communication technology, such as mobile phones, CD-ROMS, websites, and distance learning.

Technology to the Rescue!

Low- and high-tech methods can be used to keep people in close communication, yet physically at a distance. For example:

- Megaphones
- Loudspeakers (can be mounted on vehicles)
- Cell phones, including text messaging
- Amateur (or ham) radios or other types of radios (sometimes available in hospitals or police stations)
- Phone trees (see below)
- Email lists

What is a phone tree? A phone tree is like a triangle. The person at the top calls two people, each of whom then call two people, and so on, until everyone has been called. This method is quick, and spreads out the cost and the work. However, it must be set up in advance, with names and phone numbers listed and supplied to all members. If a person cannot be reached, the caller should then call the two people that the unreachable person was supposed to call. Once a phone tree is set up, it could be used in any emergency. However, the phone numbers must be updated regularly!

Reassemble the whole group and give each small group a few minutes to read out their ideas, including who might be the best person or group to carry out that activity. Take notes under each communication channel.





ADVICE FROM EMERGENCY COMMUNICATION EXPERTS

People want information about

- What is known and unknown, with guidance
- How to protect themselves

Messages should be

- Consistent (the same messages from different sources)
- Correct and clear
- Straightforward and honest (don't hide the negatives)
- Up-to-date
- Reliable

For more detailed communication guidelines, refer to Tools 12–14, in the *Crisis and Emergency Risk Communications* section of this toolkit and the Sources at the end of this document.

3. *Assemble a “to-do” list.* Work with the group to prioritize the communication activities that the group has decided will reach people most effectively. Draft a community communication plan that includes one or more people who will undertake the activities. Be sure that the plan that develops will reach all of the community members, as listed earlier.
4. *Assemble a committee to oversee the plan.* This kind of plan works best if it is overseen by a group of people who can be the “eyes and ears” of the community communication plan, at the community level. Ideally, use a local committee or group that already exists and works well. If that is not possible, work as a group to assemble a new committee. Each person on the committee should commit to helping fulfill the responsibilities listed below and to attending the meetings.
5. *List committee responsibilities.* The committee should ensure that:
 - the proposed prevention messaging activities are happening as planned
 - all community members are being reached
 - each person is correctly fulfilling his or her assignment
 - all information and messages being spread are correct
 - the activities are working in that community members are using the flu-fighting behaviors
 - the communication plan is improved as needed
6. *Set a timeline.* How often should the committee meet? What should happen between these meetings? Set a regular meeting time and place and schedule the first meeting. Create an agenda—that is, a list of issues that will be covered during the meeting. Discuss how community representatives can pass community feedback and ideas to the committee. In the long run, who will be sure that the committee meets often and that the committee responsibilities listed above are taken care of?

FINAL REVIEW AND POST-TRAINING TEST

(30 minutes)

1. *Review:* Ask each participant to pair up with the person next to him or her, and spend five minutes discussing three things.
 - a. Do you still have questions? If so, can your partner answer the question?
 - b. How do you plan to get started when you return to your community?
 - c. Do you understand the community plan and your job within it?

Reassemble as a group and ask for a sampling of questions, answers, plans to get started, and how well they understand the plan.

4. *Post-training test.* Tell the group that it is time for a test. The purpose of the test is to be sure that this training is successful in helping participants understand how to prevent influenza, and how to help people in their community use the flu-fighting actions.

Tell them that you will hand out the test and ask everyone to work alone to fill it in. The participants will have 10 minutes to complete the test. Then you will collect the tests, and review all of the answers.

Tell participants that after the training, you will correct the test and follow up if needed. If they feel they have not done well on the test and would like more help, they should seek help from the trainer or from other participants.

5. *Give the test, collect it (for correcting later), and review all of the answers.* Ask participants to supply correct answers. If someone gives a wrong answer, ask the group for the correct answer. Give as many people as possible a chance to talk.
6. *Session closing.* Summarize the main points of the session and thank participants for coming.

SESSION III:

INFECTION CONTROL FOR COMMUNITY HEALTH RESPONDERS

SESSION III: INFECTION CONTROL FOR COMMUNITY HEALTH RESPONDERS

WHAT IS THE PURPOSE OF THIS TRAINING SESSION?

This session will be used by municipal-level trainers to teach community health responders about their risk of contracting pandemic influenza and the infection control behaviors that they can use to minimize this risk.

LEARNING OBJECTIVES

At the end of this session, community health responders should be able to:

- Describe their level of risk, as community health responders, of contracting pandemic influenza during an outbreak.
- Identify who should *not* serve as a community health responder during a local outbreak.
- List the most important infection control behaviors for community health responders.
- Explain how to apply the behaviors during the course of their work as community health responders.
- Outline the decisionmaking process regarding when to stay home sick and when to return to work.

TRAINING METHODS

Methods to be used in this session include interactive lecture, a guided vision exercise, paired review, and pre- and post-training tests.

SUGGESTED TIME TO CONDUCT TRAINING SESSION

This session should require about two hours.

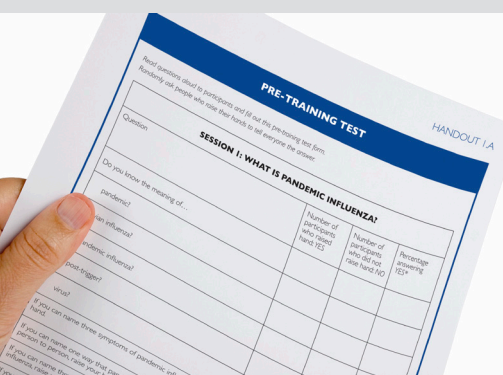
WHAT NEEDS TO BE LOCALLY ADAPTED?

Consider the key points below and refer to the adaptation section of this tool.

- The guided vision script may need to be changed so that it better describes the situation in which the participants work.
- The handouts should be adapted for local use.
- If your participants cannot read and write well or at all, or do not understand the language in which these materials are written, see the adaptation section of this tool for guidance on translating and adapting materials.
- If the materials are translated into another language, do not translate the children's poem about the bird—it could be confusing (see Handout 3.C).

SUPPLIES AND PREPARATION NEEDED

- *Pre-training test.* One copy of the pre-training test form (Handout 3.A) for you to fill out.
- *Interactive lecture.*
 - A large copy of the “infection control window” (see diagram below) to post on a wall (or this can be drawn on a chalkboard). Optional: individual cards with the main infection control actions listed on each card (for posting on a window during the lecture).
 - Prepared lecture (Handouts 3.B and 3.C).



- *Guided vision.* Practice reading the script in Handout 3.D aloud and slowly. Adapt it to the local setting, if needed.
- *Summary.* A summary of the important information of this session, designed so that local people can understand it well.
- *How to make a homemade mask.* (If needed, use Handout 3.B).
- *Post-training test.* One copy for each participant (Handout 3.E), writing tools, and writing surfaces.

OPENING

(5 minutes)

1. *Welcome participants.* Set a friendly and personal tone.
2. *What to expect.* Tell participants what the topic and learning objectives are, and how long this session will last.
3. *Encourage participation.* Remind participants about the group rules that were created in the first session. Ask them to ask questions and to be active. They will be learning more life-saving information and need to understand it well.
4. *Introductions.* (Only needed if participants do not know you or each other.)

PRE-TRAINING TEST: WHAT DO WE ALREADY KNOW ABOUT INFECTION CONTROL

(10 minutes)

Opening. Tell participants:

- Some of you may already be familiar with the infection control actions to take during a local outbreak.
- However, many people have not yet learned about these important practices—which is why we are here.
- Let's take a moment and find out what you might already know. Please raise your hand if you are sure you know the answer to each question I ask. Keep your hand up until you have been counted. If you do not know the answer, do not raise your hand.

Ask participants each question on the pre-training test form (see Handout 3.A), and fill out the form as directed. (Later, you will compare this to the post-training test scores.)

INTERACTIVE LECTURE: INFLUENZA INFECTION CONTROL

(30 minutes)

Supplies needed:

- A large copy of the infection control window (see below) to post on a wall (or this can be drawn on a chalkboard).
- Optional: individual cards with an infection control action listed on each card (for posting on a window during the lecture.)
- Depending on your supplies, you may want to create flipcharts, a computer presentation, or use a chalkboard to write the main points in a few words that people can read while they listen to you. (See Handout 3.C for suggested content.)



1. *Introduction.* Tell participants: During an influenza outbreak, almost all health responders will wonder, “Will I catch influenza?”

The answer is “very likely” if you do not understand how the sickness spreads from person to person. During an outbreak, *everyone* is at risk of contracting the illness—including you. Because you will be moving about the community, helping sick people, you may have a higher risk of infection. But, because you will know more than most people about influenza, *you can lower your chances of getting sick* with simple but powerful ways to stop the influenza virus from entering your body.

2. *Pregnant women.* Tell participants: One important note. Pregnant women should not come into contact with people who have influenza. They are at higher risk for getting very sick or dying from influenza. So, if an outbreak happens while you are pregnant, you need to stay away from all sick people (including those in your family).
3. *Interactive lecture introduction.* Tell participants: During the terrible 1918 epidemic, American children made up a poem they would sing and jump along with.

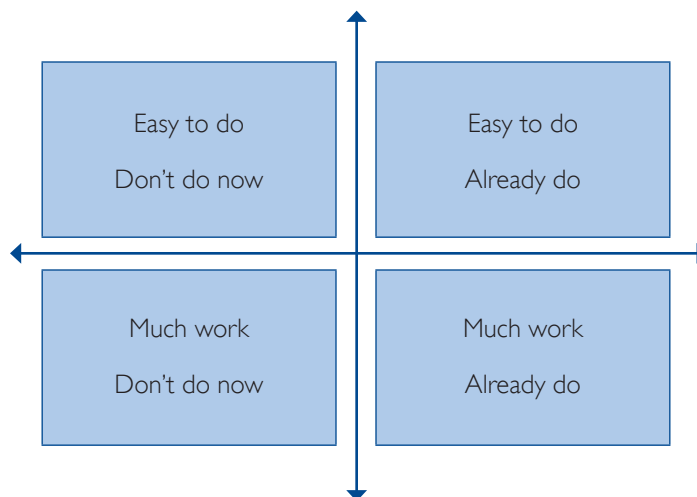
*I had a little bird,
Its name was Enza
I opened the window
And in-flew-Enza.*

Although the influenza virus does not really fly in through windows, this pretend window may help us think about infection control in everyday life. (In fact, open windows may help *lower* the chances of infection by helping the virus float *out* of the window.)

4. *Infection control window.* Post the “infection control window,” shown in the diagram below, and read the headings on each window pane. Ask the group for an example of an infection control measure, and then work with them to decide where it might go.

Tell participants that you are going to explain to them what the most important infection control actions are that health responders can use during an influenza outbreak. As you go through the practices, you will need to work with the group to figure out where each practice belongs on the window.

THE INFECTION CONTROL WINDOW: SHUT OUT “ENZA”!



5. *Interactive lecture.* Deliver the lecture outlined in Handouts 3.B and 3.C. As you work through the infection control actions, discuss where they fit on the window, and why. If possible, stick a card naming the practice next to the window where participants think it belongs. The participants' input is important because they will know best how to solve problems that might stop them from engaging in the actions.
6. *Conclusion.* Sum up the infection control procedures, in order, from easiest to hardest.

GUIDED VISION: IMAGINE YOUR DAY

(40 minutes)

1. *Setup.* If possible, dim the lights, close out noises, and make the area as calm as possible.
2. *Introduction.* Tell participants: *Visualization*, or seeing things in your mind, is a powerful way to learn new behaviors. Now we are going to picture in our minds how we are going to use infection control actions in our days during a local influenza outbreak.
3. *Script.* Read the script included in Handout 3.D.
4. *Discussion.* Lead an in-depth discussion using the points provided in Handout 3.D. Encourage participants to think creatively about what problems they will face in using infection control actions, and how they can overcome them. Refer to the “window” if necessary to help guide the discussion—do the participants still feel that the actions have been appropriately placed on the window?

CONCLUSION AND POST-TRAINING TEST

(20 minutes)

Supplies needed: Copies of the post-training test (Handout 3.E)—one per participant, writing tools, and writing surfaces.

1. *Post-training test.* Tell the group that it is time for a test. The purpose of the test is to be sure that this training is successful in helping participants understand how to protect themselves and others.

Tell them that you will hand out the test and ask everyone to work alone to fill it in. The participants will have 10 minutes to complete the test. Then you will collect the tests and review all of the answers. After the training, you will correct the test and follow up, if needed. Tell the participants that if they feel they have not done well on the test, and would like more help, they should seek help from the trainer or other participants.

2. *Give the test, collect it (for correcting later), and review all of the answers.* Ask participants to supply correct answers. In the case of a wrong answer, work with the group to determine the correct answer. Give as many people as possible a chance to talk.
3. *Session closing.* Thank participants for coming.



PRE-TRAINING TEST

Read questions aloud to participants and fill out this pre-training test form.
Randomly ask people who raise their hands to tell everyone the answer.

SESSION 1: WHAT IS PANDEMIC INFLUENZA?			
Question	Number of participants who raised hand: YES	Number of participants who did not raise hand: NO	Percentage answering YES*
Do you know the meaning of...			
pandemic?			
avian influenza?			
pandemic influenza?			
post-trigger?			
virus?			
If you can name three symptoms of pandemic influenza, raise your hand.			
If you can name one way that pandemic influenza spreads from person to person, raise your hand.			
If you can name three ways to care for someone who is ill with influenza, raise your hand.			
If you can tell us two things that we have learned from pandemic influenza outbreaks in the past, raise your hand.			

* First, divide the number of YES answers by the total number of participants. Next, multiply your answer by 100. For example, if 10 people answer YES out of 20 total participants: 10 divided by 20 is 0.5, and 0.5 times 100 = 50. So, the answer is 50 percent.

ANSWER CARDS FOR SORTING ACTIVITY

The bold boxes are the title cards. The other boxes are the answer cards that need to be filled out and supplied to participants, so they can post them on the wall.

Title Card/Question	<i>Correct Answer Card(s)</i>
What is a “pandemic”?	<i>A sickness that spreads around much of the world making many people sick.</i>
What is “avian influenza”?	<i>This sickness spreads from bird to bird, making some birds sick, or killing them. It can spread from bird to human too—but not from human to human.</i>
What is a “virus”?	<i>This creature is much too small for people to see with their eyes. It moves between living things and causes sickness. Also called a “germ,” and a lot like a “bacterium” or “parasite.”</i>
What is “pandemic influenza”?	<i>A respiratory, or breathing, illness that is new to humans. Such an illness develops about three times each century and spreads around the world.</i>
What is the meaning of “post-trigger”?	<i>When international leaders announce that an pandemic influenza is spreading easily from person to person, and is likely to spread around the entire world. This starts the “response phase” in pandemic influenza programs.</i>

Symptoms of influenza (one or more of these appear)	<i>Fever</i>
	<i>Muscle and headaches</i>
	<i>Extreme tiredness</i>
	<i>Cough</i>
	<i>Sneezing</i>
	<i>Sore throat</i>
	<i>Runny or stuffy nose</i>
	<i>Nausea or vomiting (mostly in children)</i>
	<i>Abdominal (gut) cramps (mostly in children)</i>
	<i>Diarrhea (mostly in children)</i>

Transmission (how influenza spreads)	<i>Most commonly spread through the air by coughing, sneezing, or talking.</i>
	<i>Can also be spread by touching something with the virus on it (like a table or door knob).</i>
	<i>Can be spread by people who have no symptoms but are infected.</i>
	<i>Spreads fastest in crowded places, especially indoors.</i>
	<i>Enters the body through the nose, mouth, and eyes.</i>

Treatment (most likely at home)	<i>Rest in bed.</i>
	<i>Drink plenty of fluids.</i>
	<i>Eat plenty of healthy foods.</i>
	<i>Simple treatments or medicine like panadol for fever, sore throat, discomfort (but never give aspirin to children or teens).</i>
	<i>Pneumonia (infected lungs filled with liquid) is common during an outbreak and may need to be treated with antibiotics. Healthcare providers will follow guidelines for recognizing this dangerous problem and how to treat it.</i>
	<i>Babies should continue to breastfeed.</i>

History tells us that...	<i>Over the last 300 years, about three influenza pandemics have occurred per century. In 1918, tens of millions of people died.</i>
	<i>Local outbreaks last about 6–12 weeks.</i>
	<i>Outbreaks may happen several times in each place (waves) over 1–2 years.</i>
	<i>A pandemic can seriously overload the health system, which means that influenza and many other illnesses must be treated at home.</i>
	<i>Services may be interrupted when many are sick, including police, water, electricity, food supply, telephone, and so on.</i>
	<i>Outside help may not be available because many people are sick everywhere.</i>
	<i>Some families may need community help if all caretakers in a home become sick.</i>
	<i>Schools, public transportation, and more may need to close during the outbreak.</i>
	<i>Pregnant women are at high risk of serious sickness.</i>

Questions about birds	Are avian influenza and human influenza the same thing? <i>NO. Human influenza is not avian (bird) influenza. This spreads from person to person. The risk is from people, not birds.</i> <i>Human pandemic influenza is NOT avian influenza.</i>
	Can we keep chickens, ducks, or other birds during a human influenza outbreak? <i>Answer: Yes. All of the hygiene messages you know about poultry are still important—for example, keep birds out of the house, wash your hands after killing birds, cook them well, and so on.</i>
	Is it safe to eat poultry (chickens, ducks, birds) during a human influenza outbreak? <i>Birds and poultry are still safe to eat and important sources of nutrition.</i>

Participant questions	Note to trainer: Answer the questions that you can, placing them in the appropriate category, if possible. If you cannot answer a question, be honest! Tell the group you will find the answer if possible, and get back to them on it.
------------------------------	---

OVERVIEW

WHAT IS PANDEMIC INFLUENZA?

WHAT IS PANDEMIC INFLUENZA AND WHERE DOES IT COME FROM?

An influenza pandemic happens when a new influenza virus moves from birds to people. Next, it spreads quickly around the world, from person to person. Because the virus is new, the human body does not know how to fight it, so it is much more dangerous than normal influenza (*seasonal influenza*). In past outbreaks, many people died. No vaccine is available for pandemic influenza at this point.

IS PANDEMIC INFLUENZA COMING TO OUR REGION?

Note to Trainer: Your answer to this question will depend on whether the World Health Organization has declared that pandemic influenza has broken out and is spreading around the world.

If an influenza pandemic has been declared, tell the trainees that pandemic influenza is currently spreading around the world, from person to person, and will most likely come to this community. Everyone needs to prepare for this disaster. Preparing means planning (i) how to slow down the spread of influenza; (ii) how to help those who get sick; (iii) for healthcare and medication supplies to treat other illnesses; (iv) for possible problems with the systems that supply food and water, law and order, and electricity; and (v) for what might happen to people's ability to earn money.

SYMPTOMS

Influenza attacks the respiratory (breathing) system and can have one or more of the following signs:

- fever
- muscle aches and pains
- fatigue (tiredness)
- headache
- cough
- sore throat
- sneezing
- runny or stuffy nose

Also, some people, especially children, may have:

- nausea or vomiting
- abdominal cramps
- diarrhea

TRANSMISSION

Most influenza is spread through the air by being close (within one meter, or three feet) to sick people who are coughing, sneezing, singing, or talking, or who have contaminated the surfaces around them.

It can be spread by people who have the virus, but do not feel sick yet.

Influenza may spread by touching infected persons, or by touching contaminated things or surfaces. (The virus can live outside of the body for up to two days).

Most influenza is spread in local outbreaks that are 6 to 12 weeks long. Each location may have one, two, or three waves of these local outbreaks, over the course of up to two years.

WHO IS IN THE GREATEST DANGER?

Pregnant women will probably be in the greatest danger from pandemic influenza. They should not care for, or be in contact with, anyone who may have the influenza. Other groups who are likely to be at increased danger are babies, old people, and people with ongoing diseases, including HIV and tuberculosis. But we cannot know for sure until the pandemic begins because this influenza virus will be new to the world.

WHAT SHOULD PEOPLE DO IF AN OUTBREAK IS SEVERE?

Stay away from public places: Prevention behaviors slow down the spread of influenza, but nothing will completely stop it. Even when sick people stay home, influenza will be spread by infected people who do not yet know that they are sick. The best way to be safe is to stay at home (or where you are currently staying), in contact with as few people as possible.

WHERE WILL SICK PEOPLE GET CARE?

Health centers, dispensaries, clinics, pharmacies, and hospitals will probably be overloaded with sick people. Therefore, families will have to take care of most sick people at home.

It will be important to save the hospital space for the very sickest people.

The good news is that many of the most important care methods can be provided as well at home as in the hospital. Community health responders may be able to visit and provide care and information to people at their homes (or wherever they are staying). Only people who are dangerously ill (those who cannot breathe, cough blood, or have other serious symptoms) should go to the hospital.

By ensuring that most sick people are cared for at home, we can help slow the spread of the disease and save limited hospital space and resources for those who are the most severely ill.

WHAT IS THE BEST CARE FOR A SICK PERSON?

Separate the sick person from others as much as possible, with only one caretaker. (We'll learn more about this later.)

Keep the sick person resting quietly and comfortably.

Prevent dehydration (not enough water in the body). This can be serious. Have them drink liquids regularly at the first signs of the influenza.

Unless a fever is dangerously high, let it be. Remember that fever is a sign that the body is fighting the infection. It will go away as the patient gets better.

Basic drugs such as ibuprofen, paracetamol, acetaminophen, or other measures, as recommended by a health worker, can help with fever, sore throat, and aches. *Never give aspirin to babies, children, or teenagers.*

Pneumonia (infected lungs filled with liquid) often develops as a result of influenza. Look for symptoms (including rapid breathing) and treat or refer as recommended, which may include the use of antibiotics.

Seek help for people who cannot breathe or do not wake up.

CAN OUR ACTIONS MAKE A DIFFERENCE? HISTORY SAYS YES.

In the serious influenza pandemic of 1918, many people in the United States of all ages died. Health, telephone, and other systems sometimes stopping working altogether. Families that were hit hard were often too sick to go out for food or even care for their children. If a health worker or volunteer did not come to their homes to check on them and care for them, they sometimes died for lack of help.

Two cities in the United States, Philadelphia and St. (Saint) Louis, handled the outbreak very differently—with very different death rates as a result.

Philadelphia was slow to use **social distancing** methods, like closing schools and banning public gatherings, and was slow to direct the public in methods for separating the sick and in other infection prevention behaviors.

St. Louis acted very quickly and implemented its bans and closures for much longer than Philadelphia, for a total of about 20 weeks. The rate of excess death was less than half as much as the rate in Philadelphia.

To give an example of the difference, if Philadelphia had been a town of 10,000 people, 75 people would have died as a result of the dangerous influenza. If St. Louis had also been a town of 10,000 people, only 36 people would have died. However, these communities were much larger than that—so imagine a huge number of deaths that might have been prevented in Philadelphia if that city had acted more quickly and for a longer period of time.

Philadelphia's deaths were so overwhelming that city leaders were forced to bury people in mass graves, using construction equipment. St. Louis never reached that level of crisis. At the worst point, Philadelphia had eight people dying for every one person who died in St. Louis.

The point of this story is that municipal-level actions can make a big difference and prevent the spread of pandemic influenza. Nearly 100 years later, St. Louis is still known and respected for this amazing achievement. Let's all aim to plan and prepare together and follow the example of St. Louis.

POST-TRAINING TEST

Name: _____

Define (give the meaning of) "Pandemic"

Define "Avian Influenza"

Define "Virus"

Define "Pandemic Influenza"

How will people know if pandemic influenza is spreading around the world?

List at least five symptoms of influenza. (We've learned seven today.)

List two symptoms of influenza that are more common in children

Name the two main ways influenza spreads from person to person.

Do all people who have the virus and can spread it (all those who are infectious) seem to be sick?

What are the locations in your community where pandemic influenza might spread quickly? Why?

If someone is sick with influenza, list the four main treatments that can help them get better.

Should babies with influenza continue to breastfeed?

When a pandemic influenza outbreak comes to a community, about how many weeks will it probably stay?

- a. 1 week b. 2–3 weeks c. 6–12 weeks

How many times might the pandemic influenza break out in a community (waves) over several years, until it is gone for good?

- a. 1–3 times b. 5–7 times c. More than 10 times

We know that if many people get sick, basic services might stop working. Give three examples of the services that might not work.

Who is most likely to get very sick or die of pandemic influenza?

PRE-TRAINING TEST

Read these questions aloud to participants and fill out this pre-training test form. Randomly ask people who raise their hands to tell everyone the answer.

SESSION II: SPREADING THE WORD: PREVENTIVE MESSAGES ABOUT INFLUENZA			
Question	Number of participants who raised hand: YES	Number of participants who did not raise hand: NO	Percentage answering YES*
Do you know any of the four most important flu-fighting behaviors for preventing the spread of pandemic influenza?			
If YES, can you describe key actions for these behaviors?			
Should everyone in the community use a mask during an outbreak?			
If not everyone, then do you know the two groups that should use masks, and when they should use them?			
Does your community have a plan to communicate during an emergency?			
If YES: can you name two people who are involved with this plan, and what their responsibilities are?			
Does your community have a plan for identifying all members of the community and reaching out to those who need help most during an emergency?			

*First, divide the number of YES answers by the total number of participants. Next, multiply your answer by 100. For example, if 10 people answer YES out of 20 total participants: 10 divided by 20 is 0.5, and 0.5 times 100 = 50. So, the answer is 50 percent.

THE FOUR FLU FIGHTERS (AND A WORD ABOUT MASKS)

Separate the first four boxes below into four handouts, with each flu-fighting behavior on one page.



COVER YOUR COUGH AND SNEEZE

Most people catch influenza by breathing in tiny droplets that are in the air. They get into the air when a person with the virus talks, coughs, spits, sings, or sneezes. A person can have the virus for several days before they feel sick, so you cannot tell who has the virus. These droplets can also land on hands, clothes, and surfaces where they can survive for several days. They then stick to a person's hand and enter the body when the person touches his or her eye, nose, or mouth.

A key to flu fighting is to cover coughs and sneezes with something. You can cover them with a single-use tissue, a cloth that you can wash or throw away after using, or a mask. This prevents the virus-filled droplets from going into the air and into someone's lungs or onto surfaces where they can be picked up.

How to...Cover your Cough and Sneeze

Coughs and sneezes should be covered with a single-use tissue or cloth that can be washed frequently, preferably immediately after use. If these are not at hand, use your upper arm sleeve—bring your elbow up to your face. You can also keep from spreading the droplets by wearing a mask if you are sick.

Wash your hands after coughing or sneezing.

Clean surfaces regularly with soap and water (or other household cleaners) to avoid self-contamination. Self-contamination happens when you give yourself the virus by touching your mouth, nose, or eyes with hands that are contaminated with the virus.

See page 47 for information about masks.



WASH YOUR HANDS

Frequent handwashing is an important way to protect yourself and to stop the spread of many sicknesses. Handwashing is especially good at preventing the spread of the kinds of sicknesses that move from person to person through breathing out infected air and through diarrhea. Coughing or sneezing, contact with human waste, or contact with a surface that has a virus or germ on it can get the virus, or germ, onto hands, clothes, or surfaces for several days (tables, doorknobs, handles, plates, cups, and so on). Handwashing keeps those viruses or germs from getting into your body when you touch your eyes, nose, or mouth.

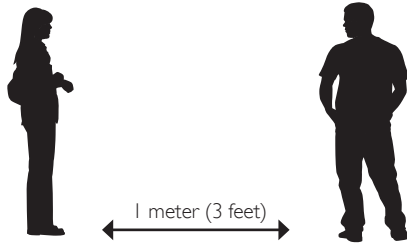
If hand sanitizer is available, it can be used in place of handwashing.

How to...Wash Your Hands

Wet hands and then apply soap. Actively rub hands, including all surfaces of hands and fingers, for at least 15 seconds. That means that you should wash them for about as long as it takes to slowly sing a short song like "Happy Birthday." Rinse. If locally appropriate, drying hands with a disposable paper towel is also recommended.

Wash your hands before preparing or eating food; after using the toilet or changing or cleaning children; after coughing, sneezing, or blowing your nose; before and after all contact with sick patients; after cleaning or handling a patient's dirty sheets, towels, clothes and waste; and after handling animals or animal waste.

It is very important to keep a good supply of soap and water for washing. If there is no soap, ash can be used.



KEEP YOUR DISTANCE

Influenza spreads from person to person through tiny droplets in the air that are breathed out through talking, shouting, coughing, sneezing, and singing. This means that flu spreads most easily when people are close together or in crowded places (like markets and buses).

How to...Keep Your Distance

Stay *at least* one meter (about three feet) away from other people.

Avoid crowds and groups of people.

Limit your travel.

Stay at home or work from home, as possible.



SEPARATE SICK PEOPLE

During an influenza outbreak, the health system will be too full. *Most sick people will have to be cared for at home (unless they are having trouble breathing).* To avoid spreading the virus, sick people should be kept away from other people, even those in their own families, as much as possible.

It can be hard for some adults to agree to stay home if they feel that they must go to work. However, sick people should stay home and apart from others as soon as symptoms develop and should not have close contact with others.

A person is considered sick if he or she has one or more flu symptoms.

How to...Keep Sick People from Infecting Others

If possible, the sick person should stay in one room or area by him- or herself.

Only one family member should have the job of caring for the sick person.

Who is the best choice to care for the sick? If someone in the family has recovered from pandemic influenza, that person *might* be protected from getting it again so would be a good choice. The caregiver should definitely not be a pregnant woman. If possible, the caregiver should not be an elderly person or someone with a chronic illness like HIV or tuberculosis. Children should always stay away from sick people.

The sick person should wear a mask or scarf when the caretaker or any other people are within two meters or should carefully cover all coughs and sneezes with a sleeve, cloth, or tissue.

When possible, open windows and doors and use fans to encourage possibly contaminated air to blow outside.

Sick people should wear a mask or scarf if they are sent to a health provider or facility as a result of very serious symptoms (i.e., trouble breathing).

Caretakers, health responders, and all people should wear a mask or scarf when within one meter of the sick person.

The sick person should not share toothbrushes, cigarettes, eating utensils, drinks, towels, sheets, or blankets with others.

The caretaker should use household cleaning products to clean the patient's clothes, bedding, towels, and other laundry; eating utensils; and surfaces in the home that may be contaminated by the sick person's fluids, including any cloths, objects, or surfaces that may have been contaminated by moisture from coughing or sneezing. If possible, the cleaned objects should be dried in the sun. Sick people should not leave their homes until they recover. When exactly is it safe to go out again? No sooner than five days after becoming sick. Experts will tell us more about this timing after the pandemic hits.

Once a person has fully recovered, he or she should feel confident to return to work. Recovered individuals are not more likely to catch influenza again—in fact, they may be less likely, and may want to consider community volunteer work.

WHEN TO...GO TO THE HOSPITAL

A community health worker may be available to help families make this decision. The health workers will keep a very close eye on *high-risk groups*, such as pregnant women, babies, old people, and people with chronic medical conditions. Anyone who develops serious bronchitis, pneumonia, dehydration, or worsening of a pre-existing illness may need to go to the hospital. Danger signs include difficulty breathing, fast breathing, or bluish color to the skin or lips; coughing blood; an inability to talk or understand others; severe pain in the chest; convulsions (uncontrollable shaking); or relapse (getting worse after getting better). A child younger than two months old who is very sick may also be in danger.

A WORD ABOUT MASKS



Scientists are not sure how helpful masks will be during a pandemic. Once the pandemic begins, more information will be available on the use of masks. For now, here is what is known:

Wearing a face mask may help lower the chance of catching influenza in certain situations. However, *masks do not protect a person as well as the four flu fighters* and the avoidance of crowds.

The danger of masks is that they might make people feel safer than they really are; masks do **not** provide complete protection against catching influenza.

When a person is sick, he or she should wear a face mask (or thick, tightly tied cloth) when others are nearby.

A caretaker of a sick person should wear a mask when close to the sick person.

Masks should not be shared or touched after use, and should be replaced regularly.

If a hospital-type mask is not available, a homemade mask may work, but not as well—and maybe not at all.

Reusable masks can be thoroughly washed with soap and water, and should be dried in the sun if possible.

If a person must go to a crowded place, a face mask may help protect a person from other people's coughs and sneezes *and* may protect others from the coughs and sneezes of the person wearing the mask.

Go to www.cdc.gov/ncidod/EID/vol12no06/pdfs/05-1468.pdf to read instructions for making a thick, tightly fitting homemade mask. Warning: homemade masks provide less protection than a hospital mask, and maybe no protection at all.

POST-TRAINING TEST

Name: _____

1. List the four flu-fighting behaviors and three key actions of each.

	Flu fighter	Three key actions of each behavior
1		
2		
3		
4		

2. Should the following people use masks during a pandemic influenza outbreak?

	Use a mask? Yes or no?	If yes, when?
Sick person		
Health worker		
All community members		

3. How does a mask help prevent the spread of influenza?

4. Which provides greater protection—a mask or the flu-fighting behaviors?

- Mask Flu-fighting behaviors

5. Does a homemade mask provide as much protection as a hospital mask? Why or why not?

6. Which people or groups in your community are at most risk during an emergency? Why?

7. Does your community have a community communication plan? How will people receive the information?

8. What is **your** role or job in the community plan?

9. What do you think are the strengths of this plan?

10. What do you think needs to be improved in this plan?

11. Any other comments or suggestions?

PRE-TRAINING TEST

Read questions aloud to participants and fill out this pre-training test form.
Randomly ask people who raise their hands to tell everyone the answer.

SESSION III: INFECTION CONTROL FOR COMMUNITY HEALTH RESPONDERS

Question:	Number of participants who raised hand: YES	Number of participants who did not raise hand: NO	Percentage answering YES*
1. As a community health responder, are you at risk for catching pandemic influenza?			
2. If you are pregnant, should you work as a community health responder? Why or why not?			
3. Name the common parts of the body where a virus enters.			
4. List the four flu fighters:	1.		
	2.		
	3.		
	4.		
5. Do you understand how masks protect you?			
6. Do you know when during your workday you should use a mask?			
7. Do you know how gloves can protect you from infection?			
8. Do you know when during the workday you should wear gloves?			
9. To protect yourself and others, when should you stay home from work? For how long?			

* First, divide the number of YES answers by the total number of participants. Next, multiply your answer by 100. For example, if 10 people answer YES out of 20 total participants: 10 divided by 20 is 0.5. 0.5 times 100 = 50. So, the answer is 50 percent.

INFECTION CONTROL WINDOW LECTURE CONTENT

THE FOUR FLU FIGHTERS

There are several simple things you can do that can greatly reduce your risk of infection. Some of these are the same flu-fighting behaviors that everyone in the community should do during an influenza outbreak. And some of them are specially designed to protect health responders as they do their work.

Scientists have pinpointed the four most important behaviors that all people in the community should do during an outbreak. These are:

THE FOUR FLU FIGHTERS

Cover Coughs and Sneezes (with elbow, tissue, cloth, or mask)

Wash Your Hands (frequently, in the recommended manner)

Keep Your Distance (stay at least one meter away from others)

Separate Sick People (keep them away from others as much as possible)

The first thing you should do when visiting any home or community location is to teach these behaviors to everyone, in a clear and respectful manner. You can explain that they are for everyone's protection.

WHAT ARE THE MOST POWERFUL WAYS TO PROTECT YOURSELF?

Now, let's talk about how those behaviors relate to infection control in the workday of a community health responder during an influenza outbreak.

PROTECT YOURSELF FROM OTHERS' COUGHS AND SNEEZES

- Ask those around you to cover their mouths and noses, when coughing or sneezing, with their elbows or single-use (disposable) tissues if available. (If they use a tissue, be sure they put it in a trash can. Handkerchiefs should be washed often and dried well, in the sun if possible.)

HANDWASHING

- This simple action will protect you time after time by removing influenza virus that has gotten onto your hands.
- The recommended manner for effective handwashing is as follows: Wet hands and apply soap. Actively rub hands, including all surfaces of hands and fingers, for at least 15 seconds. That means you should wash them for about as long as it takes to slowly sing a short song like "Happy Birthday" (or a culturally appropriate song). Rinse. If locally appropriate, drying hands with a disposable paper towel is also recommended.
- If a hand sanitizer is available, you can use that instead. Rub the sanitizer all over hands until dry.
- After every visit with a sick person, you should wash your hands.
- Also wash your hands whenever you have a chance throughout the day.

KEEP YOUR DISTANCE

- Whenever possible, stay at least one meter (about three feet) away from other people. This keeps you far from droplets that come out when people talk, sneeze, cough, sing, or shout.

MASKS

- People with symptoms and caretakers (including **you**) should wear masks.
- If there is a shortage of masks, the sick person should get first priority.
- When you are within one meter of a sick person, wear a mask.
- If no mask is available, cover your nose and mouth with a homemade mask or cloth tied tightly around your head—but **remember** homemade masks don't work as well, or at all. Act accordingly.
- If the mask is disposable, throw it away carefully and properly where no one will handle it again. If it is reusable, wash the cloth in soap and water and let dry completely, preferably in the sun.
- Always wash hands after handling a used mask or face cloth.
- Carry a bag or something else in which to store used masks until they can be cleaned. Treat the bag as if it is contaminated as well.
- Ask the patient to wear a mask or to cover their nose and mouth with a cloth while you are visiting.
- Homemade masks may help, but do not protect as well—and maybe not at all, especially if made with one layer of material. (Instructions for making a substantial mask are provided here: <http://www.cdc.gov/ncidod/EID/vol12no06/pdfs/05-1468.pdf>.)

GLOVES

- If you have a supply of medical gloves, use them when coming into contact with sick people's bodily fluids, blood, or respiratory fluid (mucus, or moisture, produced by sneezing or coughing).
- Throw away gloves properly where no one will handle them again.
- Wash hands after taking off gloves and disposing of them.

DON'T TOUCH!

- Avoid touching sick people, except when necessary during examination.
- Avoid touching your own face. Why? Because the nose, mouth, and eyes are the places where the virus enters the body.

BE CREATIVE!

- Can you avoid entering a household by using the phone instead, or by meeting with the family at the edge of the yard?
- How else can you prevent infection? Remember—you are protecting those you visit as well as yourself by using these practices.

CARING FOR YOURSELF—AND PREVENTING THE INFECTION OF OTHERS

- During an outbreak, you may feel that you have no time to rest or eat properly—but if you become weak and exhausted, you will not be able to do your work **and** you may be more likely to catch influenza. So for everyone's benefit, be sure to care for yourself too!
- If possible, take your temperature twice a day. *If you have a fever greater than 38°C: stay home and take antiviral medicine, if available.*
- Watch for symptoms, including fever; cough, body ache, sore throat, feeling unwell, "runny" nose. *If you have a symptom, stay home for 48 hours, following the flu-fighting guidance.*
- *Stay home until you no longer have symptoms.*
- *If you develop influenza, take antiviral medicine, if available.*
- This—and all of the guidance you learn here—may be updated by health authorities during an outbreak. New guidance released during an outbreak by authorities like the World Health Organization or the Ministry of Health in your country should take the place of this material.

PROPOSED INFORMATION FOR USE ON FLIPCHARTS OR IN A COMPUTER PRESENTATION

Slide 1:

Health Responder Infection Control: A Work Day during an Influenza Outbreak



Slide 2:

“I had a little bird Its name was Enza I opened the window And in-flew-Enza.”

Slide 3:

Community-Based Infection Control: The Four Flu Fighters:

- Wash your hands
- Cover coughs and sneezes
- Keep your distance (minimum one meter)
- Separate sick people

Slide 4:

Protect Yourself from Coughs and Sneezes

- Ask everyone to cover coughs and sneezes
- Used tissues should go in a trash can



Slide 5:

Handwashing

- Gets virus off of your hands
- Wet hands ~ soap (and sing) for 15 seconds ~ rinse ~ dry
- After every visit and throughout the day

Slide 6:

Keep Your Distance

- Stay away—at least one meter (three feet) away
- This protects you from droplets as people talk, sneeze, cough, sing, and shout



Slide 7:

Masks

- Ask sick people to wear masks when you are near
- Always wear masks near sick people
- Wash your hands after throwing your mask away
- A homemade mask may be better than no mask—or it may not be
- If reusing your mask, wash and dry the mask thoroughly and wash your hands afterwards

Slide 8:

Gloves

- If available, use gloves when touching human fluids, including items that may have been sneezed or coughed on
- Throw gloves away where no one will touch them
- Wash hands after removing gloves



Slide 9:

Don't Touch!

- Avoid touching sick people, except when necessary
- Avoid touching your own face and eyes
- Avoid touching possibly infected surfaces, doorknobs, handles, and so on

Slide 10:

Avoiding Infection—Think about It!

- At each home, ask yourself—do I really need to go inside?
- Can I speak from the edge of the yard?
- Can I call the patient on the telephone instead?
- Are the windows and doors open for ventilation?
- Can I keep the exam and visit brief?
- Plan your words: For your protection and mine, we need to ... stay apart, talk outside, and so on.

Slide 11:

Protect Yourself and Others

- Stay home if you have a fever or other symptoms of influenza
- Return to work when you no longer have symptoms



GUIDED VISION SCRIPT

You may need to change this script to fit the setting in which your participants work—for example, a city or a crowded slum. This is written to describe a village or rural setting.

Instructions: Read the following script aloud slowly, in a soft (but clear) and soothing voice, to participants. Pause at times. Ask them to remain quiet during the exercise. There will be a discussion afterwards.

Read aloud steps 1–5 below, other than instructions in italics and parentheses:

1. Sit back and relax. Take your shoes off if you would like. Do whatever you'd like to make yourself comfortable.
2. Close your eyes and take 10 deep breaths.
3. During this exercise, keep your eyes closed and try to picture what I am describing as it might really happen in your life. Use all of your senses: imagine what you would see, hear, smell, feel, and even taste. Don't worry if you have trouble picturing all of this—just gently keep trying.
4. Think of what we have just learned about handwashing, keeping your distance, avoiding coughs and sneezes, using masks and gloves, avoiding touching sick people and your face and eyes.
5. Now, imagine that influenza has broken out in your community. It is morning and you are having breakfast. You are getting ready to go out for the day to visit sick people. What are you having for breakfast? How does it taste? Are you hungry? It is time to go. You are gathering what you need for the day. Your usual supplies are ready. Perhaps you will have additional supplies to treat sick people—but you'll learn about those later.

Now, pack your infection control supplies. What do you need? *(Pause for 20 seconds.)*

Do you have any masks for yourself and for sick people you visit, or homemade masks? A storage bag for dirty masks? Do you have soap, in case a home you visit has none? Gloves? Picture gathering these supplies—enough for a whole day. What will you pack them in?

Make your way to the first house of a person who has influenza. What does the house look like? What do you hear? What do you smell? A man comes out of the house to greet you and tell you about the situation. He sneezes. Does he cover his mouth and nose? What do you do? *(Pause for 20 seconds.)*

Now two children run from the house toward you, to give you a hug. They have been crying because their mother is sick. What happens next? *(Pause for 20 seconds.)*

Where and how will you wash your hands?

It is time to check on the sick person. She is your cousin, alone in a bedroom. She looks sick and scared. There is a cloth on the table by her bed. She reaches out to you for comfort. How do you greet her? *(Pause for 20 seconds.)*

It is time to talk to her about her sickness, and give her skin a gentle pinch to check for dehydration. What do you do to protect yourself from infection? *(Pause for 20 seconds.)*

Now, you have treated her and given her counseling and guidance. She looks comforted, and she is determined to get better. A mosquito lands on your cheek. What do you do? *(Pause.)*

After you leave the room, the family is waiting in the main room for you. They offer you food and drink. What do you do next? *(Pause for 20 seconds.)*

Now it is time to go. Walk back to the road. Do you think you protected yourself? Is there anything you missed? Try to remember as many details as possible for the discussion. *(Pause for 20 seconds.)*

Open your eyes. Welcome back!

6. *Discussion.* Lead a discussion about each point below. People will have visualized different scenes or actions, which is fine. The important theme is how to use infection control during a visit, and how to plan ahead of time to be successful, following the points taught during the lecture.

- Be sure to take enough time to consider the cultural aspects of each action—for example, in some cultures refusing an offer of food is extremely rude. What are effective ways to handle such conflicts between social behaviors and infection control guidelines?
- During these discussions, role plays may be helpful as needed.

Tell participants: I am going to tell you where the influenza virus was during that scene. Let's see if you avoided it. Close your eyes each time we re-envision parts of the visit, and try to remember exactly what happened.

- a. In the yard, the man has influenza, but doesn't know it yet. When he sneezed while you were talking, he blew out infected droplets. Were you standing two meters away from him?
- b. Key discussion points: Keep your distance. Ask man to cover coughs and sneezes always, including during your visit.
- c. One of the children who came to hug you had the virus on one hand, which he picked up while touching the table by his mother's bed. Did he touch you? What did you say to the children?
- d. Key points: Keep your distance. How to handle the emotional aspect of this practice.
- e. Suggestion: Could you make a game of hugging without getting close to each other? Air kissing?
- f. Your cousin is highly infectious. She sneezed into her hands just before you arrived. Her hands, her blanket, and the table by her bed have the virus on them. How did you greet your cousin? How did it feel not to be able to go close to her or touch her when she reached out to you for comfort? What did you say?
- g. Key points: Keep your distance. Be prepared to handle social and emotional aspects of this situation.
- h. To approach your cousin, and to examine her, what did you do?
- i. Key points: Wear a mask. Ask her to wear a mask or cover mouth and nose with the cloth by the bed. Only touch her as necessary. Avoid touching the bedding, the table, and yourself. Wear gloves if possible.
- j. What did you do when the mosquito landed on your face?
- k. Key point: Avoid touching your face.
- l. As we now know, the husband waiting for you in the main room is infectious. There is some virus in this room, including on the eating utensils, which have not been cleaned well because the mother is sick.
- m. Key points: The room was probably too small for you to keep your distance, and the surfaces were infected, so you should have led the group outside to talk there. How did you dispose of your mask, and maybe gloves? If you will take a homemade mask home for washing, what did you put it in for carrying? (Don't throw things away where the children might play with them.) Washing hands—how was that possible? What was the water supply? Was there soap? How did you handle turning down the food and drinks, which might feel rude?
- n. Last question—was there a gate at the edge of the yard? If so, I hope you didn't touch the handle! It's got the virus on it!

POST-TRAINING TEST

Name: _____

1. As a community health responder, are you at risk for catching pandemic influenza?

2. If you are pregnant, should you work as a community health responder? Why or why not?

3. Name the common parts of the body where a virus enters.

4. List the four flu fighters:

1.

2.

3.

4.

5. How do masks protect you?

6. When should you use masks?

7. What is a danger of homemade masks?

8. How and when can the use of gloves help you during your work?

9. To protect yourself and others, when should you stay home from work? For how long?

10. What else do you want to know or discuss?

SOURCES

- AMC Cancer Research Center and CDC (U.S. Centers for Disease Control and Prevention). 1994. *Beyond the brochure: Alternative approaches to effective health communication*. Denver, CO: AMC Cancer Research Center. <http://www.cdc.gov/cancer/nbccedp/bccpdfs/amcbeyon.pdf> (accessed June 1, 2009).
- Community Tool Box. n.d. The community tool box. <http://ctb.ku.edu/en/> (accessed April 10, 2009).
- HHS (U.S. Department of Health and Human Services). 2008. Interim guidance on the use and purchase of face masks and respirators by individuals and families for pandemic influenza preparedness. Draft document. <http://aspe.hhs.gov/panflu/facemasks.html> (accessed April 10, 2009).
- HHS, NIH (National Institutes of Health), National Cancer Institute. n.d. *Making health communication programs work (the pink book)*. Revised edition. www.cancer.gov/pinkbook (accessed February 25, 2009).
- IFRC (International Federation of Red Cross and Red Crescent Societies). 2008. *A standard style for International Federation English*. Geneva: IFRC. <http://www.caribbeanredcross.org/disasterm/downloads/eng-styleguide-mar08.pdf> (accessed June 1, 2009).
- Markel, H., et al. 2007. Nonpharmaceutical interventions implemented by U.S. cities during the 1918–1919 influenza pandemic. *Journal of the American Medical Association* 298(6): 644–654.
- Reynolds, B. 2006. *Crisis and emergency risk communication: Pandemic influenza*. Atlanta: CDC.
- Salem, R.M., J. Bernstein, T.M. Sullivan, and R. Lande. 2008. Communication for better health. *Population Reports*. Series J, No. 56. Baltimore, MD: INFO project, Johns Hopkins Bloomberg School of Public Health.
- Salem, R. M., J. Bernstein, and T. M. Sullivan. 2008. Tools for behavior change communication. *INFO Reports*, No. 16. Baltimore, MD: INFO Project, Johns Hopkins Bloomberg School of Public Health. www.infoforhealth.org/infoforeports/BCCtools/BCCTools.pdf (accessed October 13, 2008).